

**Arizona Family Caregiver Support Program  
Non-Client Supported Services**

1. AAA: \_\_\_\_\_ 2. REPORT PERIOD: \_\_\_\_\_

		Units	People Served	Units Grandparents	Grandparents Served
<b>A</b>	<b>Information</b>				
A1	Information and Referral (IN5)				
A2	Outreach (IR5)				
A3	Community Education and Information (EI5)				
<b>B</b>	<b>Assistance</b>				
B1	Information and Assistance (IN5)				
B2	Case Management (CM5)				
<b>C</b>	<b>Counseling, Support Groups, Training</b>				
C1	Supportive Intervention/Guidance Counseling (GC5)				
C2	Peer Counseling (Support Group) (PC5)				
C3	Caregiver Training (CT5)				
<b>D</b>	<b>Supplemental Service</b>				
D1	General Transportation (TR5)				
<b>E</b>	<b>TOTAL</b>				

3. Report Prepared by: \_\_\_\_\_ 4. Phone: \_\_\_\_\_

5. E-mail Address: \_\_\_\_\_

6. Director (or Designated Representative) Signature: \_\_\_\_\_

\*\*\*\*\*

**Instructions on Completing the Reporting Document**

For items A-D, fill in the units provided and the number of people served for each of the individual services. Ensure units of service are based upon respective Service Specifications.

For item E, sum up the total units provided and the number of people served within items A-D.

Obtain signature of the Director or designated representative for data verification purposes.

The reporting document shall be submitted to the Aging and Adult Administration, Caregiver Program Coordinator on or before the 20<sup>th</sup> day of the month following the period of the report.